

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	MA		04/16/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	5/6/01
FORMALITY REVIEW	72	JC 873	06-04-01
RESPONSE FORMALITY REVIEW	Em	281	10-17-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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06/04/01  
 10-17-01  
 850